Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018700	A. BUILDING: _____ B. WING _____	07/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RISE AND SHINE AFH LLC 3	1500 MARINETTE AVENUE MARINETTE, WI 54143

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 000	INITIAL COMMENTS On 07/14/2025, Surveyor conducted an abbreviated survey at Rise and Shine AFH LLC 3. Additional information was gathered through 07/15/2025. One deficient practice was identified. Census: 4	M 000		
M 232	88.04(2)(g)1 HEALTH SCREENING FOR STAFF The licensee shall obtain documentation from a physician, a registered nurse or a physician's assistant indicating that the licensee and any service provider has been screened for illness detrimental to residents, including for tuberculosis. The documentation is to be completed within 90 days before the start of providing service. The documentation shall be kept confidential except that the licensing agency shall have access to the documentation for verification. This Rule is not met as evidenced by: Based on record review and interview the provider did not ensure all staff were screened for illness by a qualified medical professional. Three of three employees reviewed (Caregivers B and C, and Maintenance D) did not have communicable disease (CD) screening completed by a qualified medical professional within 90 days prior to hire. Findings include: On 07/14/2025 at 11:00 AM, Surveyor interviewed Supervisor A and reviewed employee records.	M 232		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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M 232	Continued From page 1 Surveyor reviewed Caregiver B was hired on 03/12/2025, Caregiver C was hired on 03/01/2019, and Maintenance D was hired on 6/28/2021. Surveyor requested to review Caregiver B, Caregiver C's, and Maintenance D's CD screening. Supervisor A was unable to locate CD documentation for Caregiver B or Maintenance D and stated s/he did not believe the CD screen was completed for Caregiver B or Maintenance D. Surveyor reviewed Caregiver C had a CD screening form filled out by Caregiver C but it had not been reviewed, filled out, or signed by a qualified medical professional. Supervisor A stated s/he would ensure all caregivers were screened for CD as soon as possible.	M 232		